

Chapter 3

Eligibility and Slot Allocation

HASCI Waiver Procedural Manual

ELIGIBILITY AND SLOT ALLOCATION

HASCI Waiver Eligibility

In order for an individual to be eligible for HASCI Waiver services, he/she must:

- (1) be eligible for Medicaid
- (2) meet Level of Care criteria for Intermediate Care Facility for the Mentally Retarded (ICF/MR) or Nursing Facility (NF)

The approved HASCI Waiver document identifies the target population for the HASCI Waiver as the “physically disabled.” The targeting criteria further limit this population with the following criteria:

- (1) Waiver services are limited to individuals who are age 0 up to 65 years. Individuals enrolled in the Waiver before age 65 remain eligible for waived services after their 65th birthday if all other eligibility factors are met.
- (2) Waiver services are limited to individuals with the following conditions: Head injury, spinal cord injury or both or a similar disability not associated with the process of a progressive degenerative illness, disease, dementia or a neurological disorder related to aging, regardless of the age of onset. Where the individual:
 - (a) Has urgent circumstances affecting his/her health or functional status; and,
 - (b) Is dependent on others to provide or assist with critical health needs, basic activities of daily living or requires daily monitoring or supervision in order to avoid institutionalization; and,
 - (c) Needs services not otherwise available within existing community resources, including family, private means and other agencies/programs, or for whom current resources are inadequate to meet the basic needs of the individual, which would allow them to remain in the community.

Management of HASCI Waiver Slots

A limited number of slots may be available each year for the HASCI Waiver. The number of slots actually allocated each year, however, will depend on the availability of matching State funds and the expectation that DDSN and other appropriate providers can continue to deliver services in a cost-efficient manner. This number may vary each year and will be specified in advance, based on programmatic and/or fiscal considerations determined by DDSN Central Office staff.

Requesting a Waiver Slot

When an individual is referred to the HASCI Division through HASCI Information and Referral (I & R), he/she can request HASCI Waiver services. The HASCI I & R staff will notify the HASCI Division of the request for HASCI Waiver services. The HASCI Division will notify the Service Coordinator if an individual has requested Waiver services at the time of referral for services. If an individual has requested HASCI Waiver services, the Single Plan/IFSP must be submitted to the HASCI Division upon completion and implementation.

If an individual has exhausted all resources available to him/her, meets the criteria for Waiver services, needs services available through the Waiver or requests Waiver services, and Waiver services have not been requested through the HASCI Division (HASCI I&R), the Service Coordinator must complete the Request for HASCI Waiver Slot Form (HASCI Form 1) within fifteen (15) working days. The Service Coordinator **must fax** the request to the Central Office, HASCI Division along with any amendments to the Plan (a current Plan must be faxed or mailed to the HASCI Division). If a plan has not been completed, the Request for HASCI Waiver Slot Form (Form 1) must include specific information regarding the severity of the injury, services needed, and any urgent circumstances currently affecting the individual. The HASCI Division reviews the HASCI Form 1 and the Plan/IFSP/amendments (when available) to determine if the individual meets the criteria for slot allocation or placement on the HASCI Waiver Waiting List. The HASCI Division assesses the individual on the criteria for Urgent and Regular Priority. The bottom portion of the Request for HASCI Waiver Slot Form is completed by the HASCI Division and returned to the Service Coordinator, noting if the individual meets the Regular or Urgent Priority. The Service Coordinator must notify the individual in writing along with the appeals/reconsideration process regarding his/her request for HASCI Waiver services.

If an individual is already on the HASCI Waiver Waiting List as Regular Priority and his/her condition has changed or circumstances become “urgent”, the Service Coordinator must fax a request to the HASCI Division within fifteen (15) working days along with the updates/amendments to the Plan documenting the circumstances and justifying the need for services. The HASCI Division will review the request and notify the Service Coordinator of the determination by phone, email or fax. The Service Coordinator must notify the individual in writing of this decision along with the appeals/reconsideration process.

(Note: If an individual specifically requests enrollment in the HASCI Waiver, the Service Coordinator must request a slot. A slot must be requested whether the individual has been determined eligible for DDSN services or not.)

HASCI Waiver Waiting List

The DDSN Central Office, HASCI Division will be responsible for maintaining a current list of all HASCI Waiver applicants, including all additions and deletions.

An individual who meets criteria for Urgent Priority will be allocated the first available Waiver slot. If more than one individual is in Urgent Priority status, individuals will be allocated Waiver slots based on date of referral.

Individuals who do not meet criteria for Urgent Priority will be placed in “Regular” status and will be allocated Waiver slots based on earliest date of referral if there are no current applicants with Urgent Priority.

If a HASCI Waiver slot is not available, the individual will be placed on the HASCI Waiver Waiting List. The Service Coordinator must inform the individual in writing along with the appeals/reconsideration process.

If an individual is placed on the HASCI Waiver Waiting List and the individual’s DDSN eligibility is being considered and the Service Coordinator is aware that the individual is receiving services from Community Long Term Care (CLTC), he/she **must** request a copy of the Nursing Facility Level of Care (NF/LOC) to submit along with other required records to the Consumer Assessment Team (CAT).

Request to be Removed From the HASCI Waiver Waiting List

If an individual no longer wishes to remain on the HASCI Waiver Waiting List and pursue HASCI Waiver services (requests he/she be removed from the list), the Service Coordinator must notify the HASCI Division. The Service Coordinator must complete the HASCI Form 3 (Statement of Individual Declining Waiver Services). The HASCI Form 3 must be signed by the individual/legal guardian along with the Service Coordinator. A copy must be sent to the HASCI Division and to the individual/legal guardian. The original should be placed in the individual’s file. The Service Coordinator must document in the service notes the reason the individual no longer wishes to remain on the HASCI Waiver Waiting List.

Individuals in SCDSS Custody

The HASCI Division must be notified of any individual in SCDSS custody requesting HASCI Waiver services. If an individual in SCDSS custody needs HASCI Waiver services the Service Coordinator must contact the DSS Caseworker and request that he/she contact the SCDSS Central Office to discuss the funding of services.

Residential Slot Applications

If Residential Habilitation is an identified service need of an individual and the individual is requesting HASCI Waiver services, a Report of Critical Circumstances must be submitted as required in SCDDSN Directive 502-05-DD. When a determination is made that the individual meets the critical circumstances criteria, he/she is placed on the Critical Needs Residential Waiting List. Once the individual's name is placed on the Critical Needs Residential Waiting List, a plan must be developed regarding his/her needs. A Critical Case Resolution Plan must be completed and forwarded to the appropriate District Office. This process should begin either before or during the request for a HASCI Waiver slot/applying for HASCI Waiver services and not after.

Note: The Service Coordinator must notify the HASCI Division immediately when a Report of Critical Circumstance is being submitted.

Note: A HASCI Waiver slot for residential services cannot be awarded until the Critical Case Resolution Plan is approved and the individual's name is removed from the Critical Waiting List. The allocation of a residential Waiver slot is contingent on the availability of funds.

Assignment of Waiver Slots

The Central Office, HASCI Division will notify the Service Coordinator in writing when an individual has been allocated a Waiver slot. The notification establishes minimum time frames to complete the needed paperwork for enrollment in the Waiver. Upon receipt of the slot allocation, preparations must begin as soon as possible to enroll the individual in the Waiver. **The slot allocation is good for 90 days from the date of the letter.** If the individual is not enrolled in the Waiver within 90 days, the Service Coordinator must request an extension **in writing** or the individual will no longer have the Waiver slot available.

South Carolina Department of Disabilities and Special Needs Head and Spinal Cord Injury (HASCI) Waiver

Policy for Allocation of HASCI Waiver Slots

Assignment of HASCI Waiver Slots

The DDSN Head and Spinal Cord Injury (HASCI) Division may enroll a maximum of 100 participants each year into the HASCI Waiver during the five-year renewal period. The number of slots actually allocated will depend on the availability of matching State funds and the expectation that DDSN and other appropriate providers can continue to deliver services in a cost-efficient manner. The number of slots allocated each year will vary and will be specified in advance, based on programmatic and/or fiscal considerations determined by DDSN Central Office staff.

Waiting List Management

The DDSN Head and Spinal Cord Injury Division will be responsible for maintaining a current list of all HASCI Waiver applicants, including all additions and deletions.

An individual who meets criteria for Urgent Priority will be allocated the first available HASCI Waiver slot. If more than one individual is in Urgent Priority status, individuals will be allocated a HASCI Waiver slot based on earliest date of request.

Individuals who do not qualify for Urgent Priority will be allocated a HASCI Waiver slot based on earliest date of request if there are no current applicants with Urgent Priority.

An individual who is terminated from the HASCI Waiver because of hospitalization or temporary admission to a nursing facility exceeding a full calendar month will have his/her slot held up to a period of 90 calendar days if it is anticipated that he/she will be discharged during that time. The HASCI Service Coordinator must be directly involved with discharge planning. Re-enrollment in the HASCI Waiver will be contingent upon the individual continuing to meet all eligibility requirements.

An individual who is terminated from the HASCI Waiver because his/her Medicaid eligibility has been interrupted for more than 30 calendar days; however, Medicaid eligibility should be reinstated within 90 calendar days will have his/her slot held up to a period of 90 calendar days to allow time for the Medicaid eligibility to be reinstated. If Medicaid is reinstated within 90 calendar days, procedures for re-enrollment must be followed. Re-enrollment in the HASCI Waiver will be contingent upon the individual continuing to meet all eligibility requirements. If Medicaid is not reinstated within 90 calendar days, the slot will be revoked and the Service Coordinator must complete a new Request for a HASCI Waiver Slot.

An individual who has not received a service for 30 calendar days due to provider non-availability will have his/her slot held up to a period of 90 calendar days. The individual may retain the slot up to 90 calendar days to allow for a provider to be located to provide the needed service(s). If a provider is located within 90 calendar days, the individual may be re-enrolled without reapplying for a HASCI Waiver slot. Re-enrollment in the HASCI Waiver is contingent upon the individual continuing to meet all eligibility requirements. If a provider has not been located within 90 calendar days, the slot will be revoked and the Service Coordinator must complete a new Request for a HASCI Waiver Slot.

receive community-based services will immediately be allocated a HASCI Waiver slot after medical, financial, and HASCI Waiver admission requirements are met. The individual must be determined eligible for DDSN services through the Head and Spinal Cord Injury Division and a HASCI Service Coordinator must be directly involved in discharge planning to assure services are not interrupted.

Procedures

- HASCI Service Coordinator completes “Request for HASCI Waiver Slot” form for individual requesting services and forwards it to the HASCI Division in the DDSN Central Office. (See attached form)
- “Request for HASCI Waiver Slot” form is reviewed by HASCI Division to determine if the individual meets criteria for slot allocation.
- If the individual appears to meet the criteria for slot allocation, the HASCI Division will assess the individual on criteria for Urgent Priority. (See attached)
- HASCI Division will complete bottom portion of “Request for HASCI Waiver Slot” form and return the form to the HASCI Service Coordinator. If the individual meets Urgent Priority criteria, the HASCI Division will note this on the bottom of the form.
- HASCI Division allocates HASCI Waiver slots based on availability of slots, priority status of applicants, and earliest date of slot request.

Criteria for “Urgent” Priority

- _____ Very severe injury with functional limitations
(SCI at quadriplegia level or severe TBI)
- _____ Emergency need for assistance with personal care
- _____ Recent loss of primary caregiver (permanently gone within past 90 days) or
imminent risk of losing primary caregiver (permanently gone within next 90
days), and no other natural supports to replace the primary caregiver
- _____ Recently discharged (within past 90 days) or pending discharge (within next 90
days) from acute care or rehabilitation hospital with complex unmet service needs
- _____ Lack of active support network

****In order to be classified as urgent priority status, individual must meet at least two of the criteria listed above.**

Request for HASCI Waiver Slot

Individual's Name: _____ Date of Birth: _____

Social Security Number: _____ County: _____

☐ Head Injury ☐ Spinal Cord Injury Level of SCI: _____ ☐ Similar Disability *Identify Disability*
☐ Eligible ☐ Eligibility Pending ☐ Time-limited Date: _____

MEDICAID INFORMATION:

Does the Individual currently receive Medicaid? ☐ yes ☐ no

If No: Has the individual applied for Medicaid? ☐ yes ☐ no

Was the individual determined ineligible? ☐ yes ☐ no

Is Medicaid eligibility determination pending? ☐ yes ☐ no

Is the individual currently receiving Children's PCA services? ☐ yes ☐ no

If yes, amount of services received? _____

OTHER WAIVER INFORMATION:

Is the Individual a participant in any other Medicaid Waiver? ☐ yes ☐ no

If Yes: Name of Waiver: _____

Type and amount of services received: _____

Specify reasons that this Waiver is not appropriate: _____

If No: Has the individual applied for any Medicaid Waiver? ☐ yes ☐ no

If yes, date applied: _____

Name of

FAMILY SUPPORT INFORMATION:

Is the Individual receiving ongoing Family Support Funds through DDSN? ☐ yes ☐ no

If Yes: What is the amount of funding received per month? _____

What service is being funded? _____

Has the Individual received one-time Family Support Funds in the past two (2) years? ☐ yes ☐ no

If Yes: What was the amount received? _____

What service was funded? _____

Specify type and estimate approximate amount of services needed through the HASCI Waiver (must include one-time and on-going services):

Specify any urgent circumstances currently affecting the individual: _____

Service Coordinator _____ Date _____ Service Coordination Supervisor _____ Date _____

CENTRAL OFFICE USE ONLY

Approved for Waiting List? ☐ Yes ☐ No Date/Time: _____ Priority: ☐ Urgent ☐ Regular

Signature _____ Date _____

May 10, 2005

Ms. Jane Smith
Richland/Lexington DSN
420 Rivermont Drive
Columbia SC 29210

Dear Jane:

This is to inform you that a Head and Spinal Cord Injury Waiver Slot has been allocated to **John Doe**. Services for Mr. Doe may begin as soon as all required paperwork has been completed. ***This individual should be enrolled and receiving Waiver services within 90 days from the date of this letter. If the individual is not enrolled within 90 days, you must request an extension in writing or the Waiver slot will be void.***

Preparations should begin immediately in order to have this individual enrolled in the Waiver and receiving services as soon as possible. The 'Freedom of Choice' form and 'Level of Care' referral must be completed within the next 30 days. The 'Acknowledgement of Choice and Appeal Rights' form and 'Acknowledgement of Rights and Responsibilities' form must be completed prior to Waiver enrollment. If this individual is not interested in services through the Waiver, a 'Statement of Individual Declining Waiver Services' form must be completed as soon as possible but no later than 30 days from the date of this letter.

If you have any questions, please call me at (803) 898-9681.

Sincerely,

Sherry L. Caldwell, Administrator
Head and Spinal Cord Injury Division

cc: File
Service Coordination Supervisor

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Head and Spinal Cord Injury Waiver

STATEMENT OF INDIVIDUAL DECLINING WAIVER SERVICES

Please Type or Print

Individuals Name: _____

Social Security Number: _____
1 2 3 4 5 6 7 8 9

A Service Coordinator has explained the options available to me under the Head and Spinal Cord Injury (HASCI) Waiver and I have decided not to pursue enrollment in the HASCI Waiver at this time. I understand that declining participation now does not prohibit me from reapplying for the HASCI Waiver in the future.

I understand that this decision does not directly affect my eligibility for other services available through the South Carolina Department of Disabilities and Special Needs.

Individual/Legal Guardian

Date

Service Coordinator

Date

Original: File

Copy: Consumer/Legal Guardian and HASCI Division